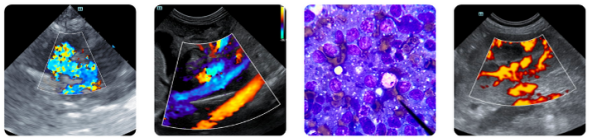


PATIENT

Marcus Vetter

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

12.25 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Tricia Scarpulla

INVOICE

11944

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Patient was evaluated at Cornell with concern for feline lower urinary tract disease (FLUTD). A follow-up ultrasound was recommended for better evaluation. History: Seizure history: Patient was on phenobarbital and transitioned to Keppra. Seizures are well-controlled. Grade 2/6 heart murmur. An echocardiogram was previously performed by Dr. Oxford, which showed a dynamic obstruction with an increased heart rate. A recheck at Cornell a couple of months ago showed he was fine. Owner noted the patient was going in and out of the litter box, squatting, and sometimes not producing urine. He was also cleaning himself obsessively. This was last Sunday or the Sunday before. He has not been acting weird since starting Gabapentin. Patient has a history of vomiting episodes years ago, diagnosed as enteritis. No recent vomiting.

Diet: Ziwi canned food. No recent dry food.

CLINICAL SIGNS: Going in and out of the litter box, squatting, and sometimes not producing urine. Cleaning himself obsessively.

MEDICATIONS: Keppra 100mg/ml - 0.8ml every 8-12 hrs. Was on Gabapentin 100mg - ½ PO Q12hr after visit to Cornell (May 4.)

Abnormal PE/Chem/CBC/UA Results: Diagnostics from Cornell - No abnormalities noted. - No stress leukogram. - Urine specific gravity: 1.060. - Urine protein: 100 mg/dL. - Urine blood: 250 erythrocytes/uL. - Total T4: 1.9 ug/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

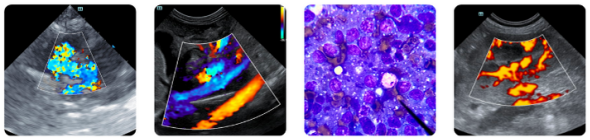
The left kidney has a normal shape and size (4.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size (0.93 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic left limb of the pancreas. Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized associated with the lower urinary tract to explain the symptoms described. No focal mass lesions were observed and no stones. The presentation is suggestive of idiopathic lower urinary tract disease. Consider stress management, increasing water intake +/- dietary

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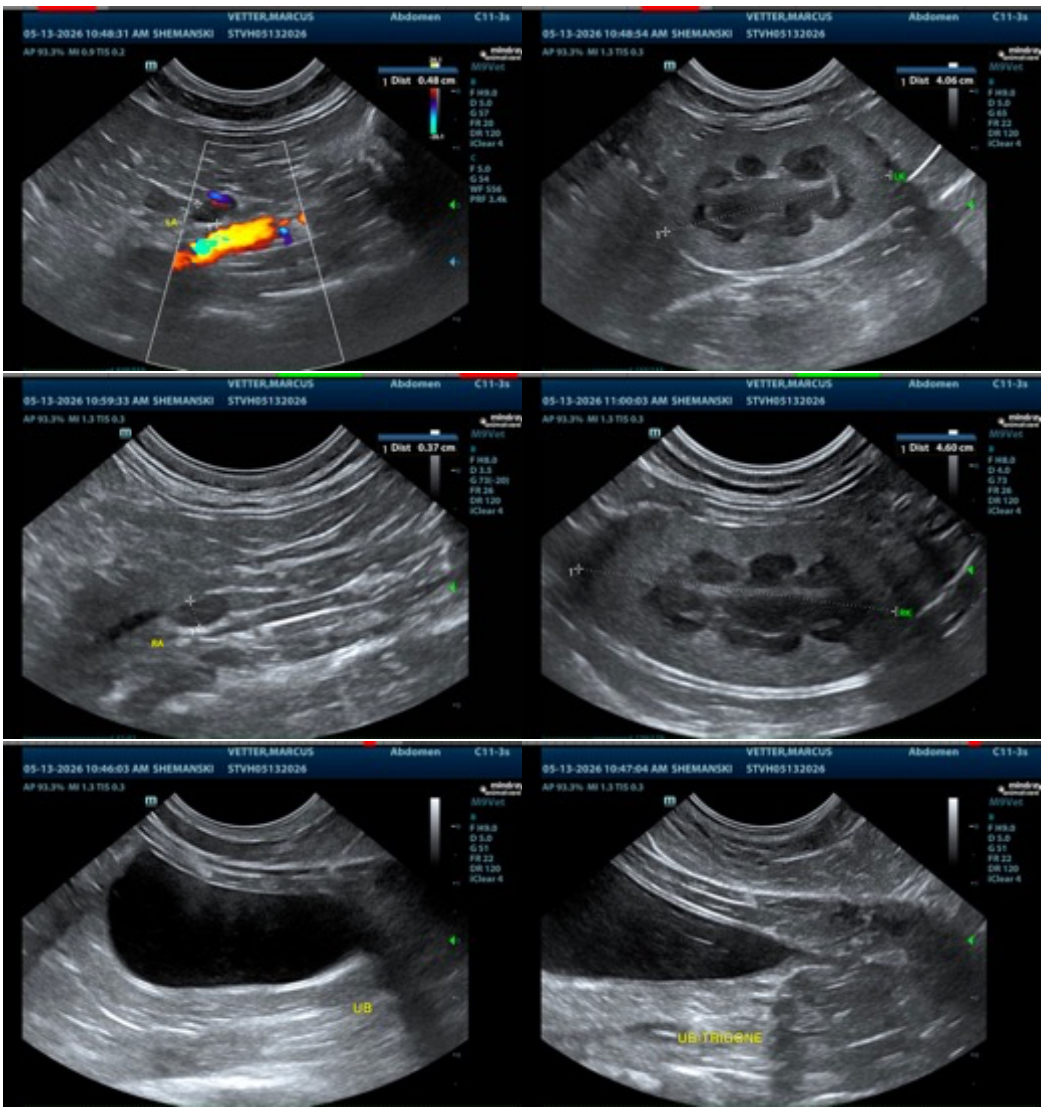
management etc.

The left limb of the pancreas is prominent. There is a small area caudal to the spleen which overlaps the tail of the spleen somewhat, but no evidence of a vascular attachment is observed. Correlate with a quantitative PLI level. If levels are elevated, there could be chronic smoldering pancreatitis present. The stress of which could be contributing to potential lower urinary tract disease.



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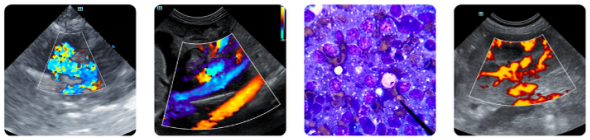

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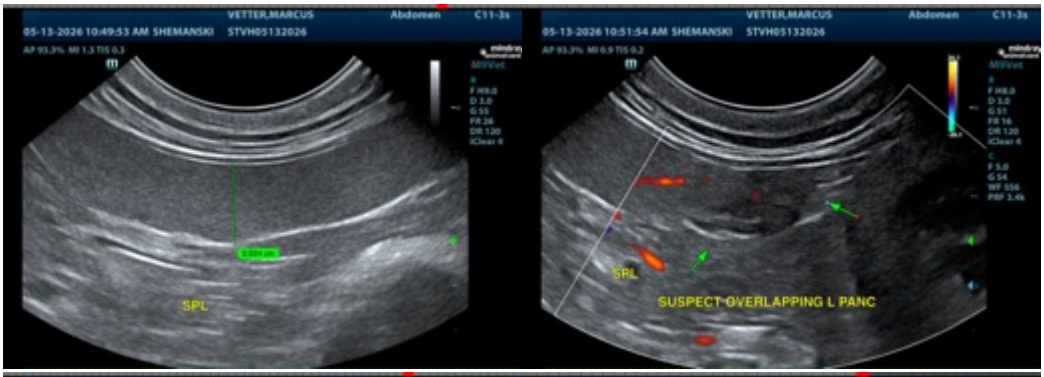

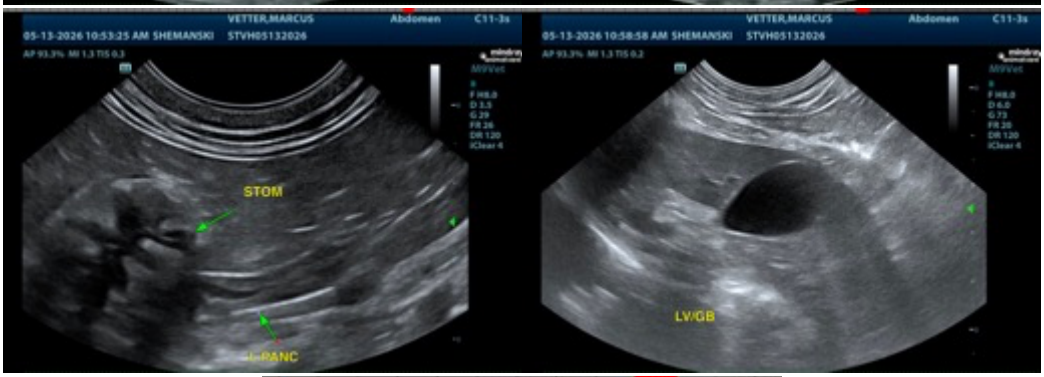

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com